

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12		2				
13		2				
14		2				
15						
16						
17						
18	1					
19						
20						
21						
22						
23						
24						
25						
26						
27						
28		2				
29		2				
30		2				
31		2				
32		1				
33		1				
34		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	14					
TOTAL CLAIMS	16					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						